Combined Declaration	and]	d Power of Attorne			ATTORNEY DOCKET 82678AF-P						
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name,											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
AUTHENTICATION USING NEAR-FIELD OPTICAL IMAGING											
The specification of which (check only one item below):											
X is attached hereto.											
was filed as United States Application Serial No. on and was amended on (if applicable).											
was filed as PCT international application Number on and was amended on (if applicable).											
I hereby state that I have reviewe referred to above.	d and understand	the contents of the	above	-identified specification, in	cluding the	claims, a	s amended l	y any ar	nendment		
I acknowledge the duty to disclose 37, Code of Federal Regulations,		ent & Trademark C	Office a	all information known to m	e to be mate	erial to p	atentability	as define	d in Title		
I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's											
certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least											
one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which											
priority is claimed: PRIOR FOREIGN/PCT APPLI	CATION(S) AN	D ANY PRIORIT	Y CLA	MMS UNDER 35 U.S.C. 1	119:	-					
COUNTRY (if PCT, indicate PCT)	AF	PPLICATION NUMBER		DATE OF FILING (minth/dayyear)			PRIORITY CLAIMED U	INDER 35 USC	§119		
TI.				(nauvasyyear)			YES		МО		
							YES		Ю		
2							YES		NO		
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:											
PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):											
PROVISIONAL APPLICATION NUMBER			1	FILING DATE (month/dayl/year)							
I hereby claim the benefit under designating the United States of a in that/those prior applications(s). Trademark Office all information available between the filing date.	America that is/ar in the manner pr n known to me to	e listed below and, covided by the first be be material to pa	, insofa parag tentabi	ar as the subject matter of ear raph of Title 35, §112, I acl lity as defined in Title 37,	ach of the c knowledge Code of Fe	laims of the duty deral Re	this applicat to disclose t gulations §1	ion is no the U.	t disclosed S. Patent &		
PRIOR US APPLICATIONS C 35USC§120:	R PCT INTERN	IATIONAL APPL	.ICATI	ONS DESIGNATING TH	E U.S FOR	R BENE	FIT UNDER	R			
U.S. APPLICATIONS					STATUS (Check one)						
U.S. APPLICATION NUMBER U			U.S. FIL	ING DATE	PATENTE	ED	PENDING	ABA	NDONED		
09/920,972 A		ugus	t 2, 2001			Х					
PCT APPLICATIONS DESIGNATING THE U.S.			S.						-		
PCT APPLICATION NO. PCT FILING DATE		NG DATE	I	U.S. SERIAL NUMBERS ASSIGNED (if any)							

ATTORNE

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

end Corresp	ondence to: Patent Legal	Staff	Direct Telephone Calls to: (name and telephone number)	
Eastman Kodak Company 343 State Street			Frank Pincelli (716) 588-2728	
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BUSINESS ADDRESS	BUSINESS ADDRESS	СІТУ	STATE & ZIP CODE (COUNTRY)	
FULL NAME OF INVENTOR	FAMILY NAME	. FIRST GIVEN NAME	SECOND GIVEN NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)	
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)	
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RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
9/17/0)	Sept- 14, 2001	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE